



**DELAWARE HEALTH
AND SOCIAL SERVICES**
Division of Public Health

APPLICATION REQUIREMENTS TO OBTAIN AN OPERATING PERMIT UPON

CHANGE OF OWNERSHIP OF A FOOD ESTABLISHMENT

NEW OWNER OR OPERATOR: Use these forms only if there will be no change from the previously permitted operation in type of food establishment, type of food operation, occupancy type, structure, plumbing, equipment, or floor plan. If such changes are made or are planned, request information for **Plan Review**. The review and approval of plans and specifications are required before construction of a food establishment; conversion of an existing structure to a food establishment; remodeling of a food establishment; or when there is a change in type of food establishment or type of food operation.

For food establishments in **NEW CASTLE COUNTY, DELAWARE** within ten (10) business days, mail or deliver the following completed documents to:

**ENVIRONMENTAL HEALTH FIELD SERVICES
NEW CASTLE COUNTY HEALTH UNIT, LIMESTONE PROFESSIONAL BLDG
2055 LIMESTONE ROAD, SUITE 100
WILMINGTON, DE 19808**

(Hours: 8:00 AM to 4:30 PM, Monday - Friday. Telephone: 302-995-8650; Fax 302-995-8323)

For food establishments in **KENT COUNTY, DELAWARE** within ten (10) business days, mail or deliver the following completed documents to:

**ENVIRONMENTAL HEALTH FIELD SERVICES
KENT COUNTY HEALTH UNIT, WILLIAMS STATE SERVICE CENTER
805 RIVER ROAD
DOVER, DE 19901**

(Hours: 8:00 AM to 4:30 PM, Monday - Friday. Telephone: 302-739-5305; Fax 302-739-7013)

For food establishments in **SUSSEX COUNTY, DELAWARE** within ten (10) business days, mail or deliver the following completed documents to:

**ENVIRONMENTAL HEALTH FIELD SERVICES
SUSSEX COUNTY HEALTH UNIT, GEORGETOWN STATE SERVICE CENTER
544 SOUTH BEDFORD STREET
GEORGETOWN, DE 19947**

(Hours: 8:00 AM to 4:30 PM, Monday - Friday. Telephone: 302-856-5496; Fax 302-856-5065)

PLEASE PROVIDE THE FOLLOWING COMPLETED DOCUMENTS:

1. **Application for Permit to Operate a Food Establishment** (Use blank form attached.)
2. **Type of Food Operation** (Use blank form attached.)
3. **Current or proposed menu** (Include your own menu.)
4. **Equipment schedule**, indicating Item, Manufacturer, and Model Number of each major piece used for cooking purposes (ranges, grilles, woks, etc.); hot holding; cold holding, including refrigeration and freezer units; manual and mechanical warewashing equipment; and installed ventilation units. Correlate equipment listed to locations indicated on the floor plan.
5. **Floor plan**, scaled 1/4" = 1 foot, showing the entire facility, including food preparation areas, food and beverage dispensing areas, food and utensil storage areas, warewashing areas, utility areas, and all toilet facilities. Equipment locations shown on the floor plan shall correlate to items listed on the equipment schedule.



**DELAWARE HEALTH
AND SOCIAL SERVICES**
Division of Public Health

**HEALTH SYSTEMS PROTECTION SECTION
Office of Food Protection**

IMPORTANT NOTE

Failure to provide the required documents within ten (10) business days may be construed to be operating a food establishment without a valid permit. The matter will be referred to the enforcement section and may result in administrative action to cease operations.

**SUMMARY OF REGULATIONS EXCERPTED FROM
STATE OF DELAWARE FOOD CODE**

8-301.11 Prerequisite for Operation. A person may not operate a food establishment without a valid permit issued by the Division of Public Health.

8-302.11 Submission 30 Calendar Days Before Proposed Opening. An applicant shall submit an application for a permit at least 30 calendar days before the date planned for opening a food establishment or the expiration date of the current permit for an existing facility.

8-303.20 Existing Establishments, Permit Renewal, and Change of Ownership.

The Division of Public Health may renew a permit for an existing food establishment or may issue a permit to a new owner of an existing food establishment after a properly completed application is submitted, reviewed, and approved, the fees are paid, and an inspection shows that the establishment is in compliance with the Food Establishment Regulations.

FOOD ESTABLISHMENT PERMIT FEE

FEE IS DUE UPON RECEIPT OF INVOICE. NON-PROFIT ORGANIZATIONS ARE EXEMPT FROM FEES.
Food establishments are charged the following annual, non-refundable fees, based on type of facility:

1.	Public Eating Place	\$	100.00
2.	Retail Food Store	\$	100.00
3.	Ice Manufacturer	\$	30.00
4.	Commercial Food Processor	\$	30.00
5.	Vending Machine Location	\$	30.00

Note: The permit fee is not due until the facility is approved for an operating permit.
At that time, an invoice will be sent to the establishment owner or operator.

PLEASE CONTACT THE ENVIRONMENTAL HEALTH FIELD SERVICES OFFICE LISTED ON PAGE 1
TO SCHEDULE THE REQUIRED PRE-OPERATIONAL INSPECTION.

- ♦ SATISFACTORY FACILITY COMPLIANCE IS REQUIRED PRIOR TO ISSUANCE
OF THE PERMIT TO OPERATE A FOOD ESTABLISHMENT.

**

YOUR FOOD ESTABLISHMENT

<u>SUBS</u>	SMALL	LARGE
Regular.....	\$ 00.00	\$ 00.00
Italian.....	00.00	00.00
Ham.....	00.00	00.00
Cheese.....	00.00	00.00
Turkey.....	00.00	00.00
Tuna.....	00.00	00.00
Capicola.....	00.00	00.00
Roast Beef.....	00.00	00.00
Extra Cheese.....		00.00
Sweet/hot peppers.....		00.00

Additional extras no charge: Pickles, diced hot peppers

All subs include: Lettuce, tomato, cheese, onion, and mayo or oil

SANDWICHES (your choice of bread)

Ham and cheese.....	\$ 00.00
Bologna.....	00.00
Turkey.....	00.00
Roast beef.....	00.00

Extras: Cheese, tomato, sweet peppers

<u>STEAKS</u>		
Steaks (plain).....	\$ 00.00	\$ 00.00
Cheese Steak.....	00.00	00.00
Mushroom Steak.....	00.00	00.00
Cheese & Mushroom.....	00.00	00.00
<u>Extras on steaks:</u>		
Tomatoes.....	\$ 00.00	00.00
Extra Cheese.....	00.00	00.00
Extra Steak.....	00.00	00.00
Hamburger.....	\$ 00.00	00.00
Cheeseburger.....	00.00	00.00
Hot Dog.....	00.00	00.00
French Fries.....	00.00	00.00

SAMPLE CONSUMER ADVISORY

DISCLOSURE: CERTAIN MENU ITEMS LISTED ABOVE, IF COOKED TO ORDER, MAY CONTAIN RAW OR UNDERCOOKED INGREDIENTS.

REMINDER: CONSUMING RAW OR UNDERCOOKED FOODS OF ANIMAL ORIGIN, INCLUDING MEATS, POULTRY, SEAFOOD, SHELLFISH, AND EGGS, MAY INCREASE YOUR RISK OF FOODBORNE ILLNESS, ESPECIALLY IF YOU HAVE CERTAIN MEDICAL CONDITIONS.

SAMPLE**FOOD ESTABLISHMENT EQUIPMENT SCHEDULE**

NAME OF FOOD ESTABLISHMENT: **THIS PAGE IS A
SAMPLE ONLY**

DATE: ____ / ____ / ____

SUBMITTED BY:

ITEM NO.	ITEM DESCRIPTION	MANUFACTURER	MODEL NO.
1	Exhaust hood	Captive–Aire Systems	Custom Fab
2	Range, 6 burner, gas	Garland Ind	H-286
3	Countertop griddle	U.S. Range Inc	TB-24GG
4	Deep fryer	Frymaster	MJ 45 E
5	Deep fryer	Frymaster	MJ 45 E
6	Refrigerator, reach-in	True Mfg Co	TSTL–49
7	Freezer, reach-in	Victory	HAF–2–PS
8	Prep table, stainless steel	Falcon Fabricators	66-548
9	Prep table, laminated top	King Concepts	Custom Fab
10	Handwashing sink (3 each)	Advance Tabco	7-PS-HC
11	Warewashing sink, 3-cmpt w/ 2 drainboards & grease trap below	Eagle Metalmasters	414-18-3-24
12	Service sink, floor-mounted	Eagle Metalmasters	F1916
13	Ice maker, with storage bin	Manitowac	JR0405A W/C470
14	Wait station	King Concepts	Custom Fab
15			
16	<p>Note 1: Equipment numbers refer to corresponding location of equipment on floor plan/layout drawings or diagrams.</p> <p>Note 2: Mention of trade names on this sample are used as examples only and <u>does not imply product endorsement.</u></p>		
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(PLEASE USE ADDITIONAL SHEETS, IF NECESSARY, TO CONTINUE EQUIPMENT SCHEDULE)



**DELAWARE HEALTH
AND SOCIAL SERVICES**

DIVISION OF PUBLIC HEALTH
HEALTH SYSTEMS PROTECTION
OFFICE OF PLAN REVIEW AND PERMITTING
PO Box 637, Dover, DE 19903

APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

SECTION A: IDENTIFICATION – Please print legibly in all blocks below, except where signature is required.

1. NAME AND LOCATION OF FOOD ESTABLISHMENT (Enter Street Address. Do Not Use P.O. Box Numbers)

TEL NO. OF ESTABLISHMENT: _____ -- _____ -- _____ FAX NO. _____ -- _____ -- _____

2. NAME AND PERMANENT MAILING ADDRESS OF APPLICANT

3. SEASONAL/TEMPORARY MAILING ADDRESS (IF APPLICABLE)

TEL NO. _____ -- _____ -- _____

TEL NO. _____ -- _____ -- _____

4. MAIL CORRESPONDENCE TO (CHECK ONE): ☐ ADDRESS SHOWN IN **BLOCK #A1** ☐ ADDRESS SHOWN IN **BLOCK #A2**

SECTION B: CLASSIFICATION

TYPE OF FOOD ESTABLISHMENT (CHECK ALL THAT APPLY)

1. ☐ FIXED LOCATION
2. ☐ MOBILE UNIT (SPECIFY FACILITY USED AS SERVICING AREA _____)
3. ☐ SEASONAL (SPECIFY DATES OF OPERATION _____)

♦ IF THIS IS A CHANGE OF OWNERSHIP, INDICATE BELOW THE PREVIOUS FOOD ESTABLISHMENT NAME, IF KNOWN.
PREVIOUS NAME: _____ PREVIOUS BUSINESS ID: _____

TYPE OF PERMIT REQUESTED (CHECK ALL THAT APPLY)

1. ☐ FOOD SERVICE (RESTAURANT) 2. ☐ RETAIL FOOD STORE 3. ☐ FOOD PROCESSOR
4. ☐ VENDED FOOD 5. ☐ ICE MANUFACTURING

TYPE OF BUSINESS ENTITY

1. ☐ INDIVIDUAL 2. ☐ PARTNERSHIP (NAME: _____)
3. ☐ ASSOCIATION (NAME: _____) 4. ☐ CORPORATION (NAME: _____)
5. ☐ OTHER ENTITY (SPECIFY TYPE: _____)
6. INTERNAL REVENUE SERVICE STATUS (CHECK ONE) ☐ FOR PROFIT ☐ NON – PROFIT

NOTE: NON-PROFIT ORGANIZATIONS ARE EXEMPT FROM FEES.

IF CLAIMING EXEMPTION FROM FEES, ATTACH A COPY OF INTERNAL REVENUE SERVICE (IRS) 501[C][3] LETTER.

FEES: PLAN REVIEW IS REQUIRED FOR NEW CONSTRUCTION, STRUCTURE CONVERSION TO FOOD ESTABLISHMENT, REMODELING, OR CHANGES IN ESTABLISHMENT TYPE OR FOOD OPERATION TYPE. PLEASE INCLUDE THE REQUIRED NON-REFUNDABLE FEE WITH THIS APPLICATION. MAKE CHECK PAYABLE TO “**STATE OF DELAWARE.**”

THE ESTABLISHMENT PERMIT FEE IS NOT DUE UNTIL THE FACILITY IS APPROVED FOR OPERATION. AT THAT TIME, AN INVOICE WILL BE SENT TO THE ESTABLISHMENT APPLICANT.

SECTION C: CERTIFICATION STATEMENT (APPLICANT SIGNATURE IS REQUIRED BELOW. DO NOT PRINT)

I, THE UNDERSIGNED, IN APPLYING FOR A FOOD ESTABLISHMENT PERMIT, ATTEST TO THE ACCURACY OF THE INFORMATION PROVIDED IN THIS APPLICATION. I AFFIRM THAT THE ESTABLISHMENT WILL BE OPERATED IN COMPLIANCE WITH APPLICABLE “STATE OF DELAWARE REGULATIONS GOVERNING FOOD ESTABLISHMENTS” AND WILL ALLOW AUTHORIZED REPRESENTATIVES OF THE DIVISION OF PUBLIC HEALTH ACCESS TO THE ESTABLISHMENT AND ITS RECORDS, AS MAY BE REQUIRED BY APPLICABLE REGULATIONS.

APPLICANT SIGNATURE X _____ DATE _____ / _____ / _____

FOR OFFICIAL USE ONLY BELOW THIS LINE

APPLICATION REVIEWED: APPROVED _____ DISAPPROVED _____ BY _____ DATE _____



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Division of Public Health

TYPE OF FOOD OPERATION

APPLICANT: (PRINT) _____ DATE: ____/____/____

FOOD ESTABLISHMENT NAME: _____

Changes in the type of food operation may require review and approval of plans and specifications by the Division of Public Health to ensure compliance with current Food Establishment regulations.

✓ Check one or more items below to indicate type of food operation(s)

___ PREPARATION AND SALE OF NON-POTENTIALLY HAZARDOUS FOOD.*

___ PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;*
Only to order upon a consumer's request.

___ PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;*
In advance, in quantities based on projected consumer demand, and discards food that is not sold or served, at an approved frequency.

___ PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;*
In advance, in quantities based on projected consumer demand, and discards food using time as the public health control.

___ PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;*
In advance, where preparation involves two or more of the following steps: combining potentially hazardous ingredients; thawing; cooking; cooling; reheating; hot holding; cold holding; or freezing.

___ PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;*
In advance, where preparation involves two or more of the following steps: combining potentially hazardous ingredients; thawing; cooking; cooling; reheating; hot holding; cold holding; or freezing.
For delivery to and consumption at a location off the premises of the food establishment where it is prepared.

___ PREPARATION, SALE AND SERVICE OF POTENTIALLY HAZARDOUS FOOD;*
In advance, where preparation involves two or more of the following steps: combining potentially hazardous ingredients; thawing; cooking; cooling; reheating; hot holding; cold holding; or freezing.
For service to a highly susceptible population.**

DEFINITION OF TERMS

* Potentially Hazardous Food : food that is natural or synthetic and that requires temperature control because it is in a form capable of supporting the rapid and progressive growth of infectious or toxigenic organisms.

** Highly Susceptible Population : a group of persons who are more likely than other populations to experience foodborne disease because they are immunocompromised, or older adults and in a facility such as a hospital or nursing home, or preschool age children in a facility such as a day care center.

FOOD ESTABLISHMENT EQUIPMENT SCHEDULE

NAME OF FOOD
ESTABLISHMENT:

DATE: ____ / ____ / ____

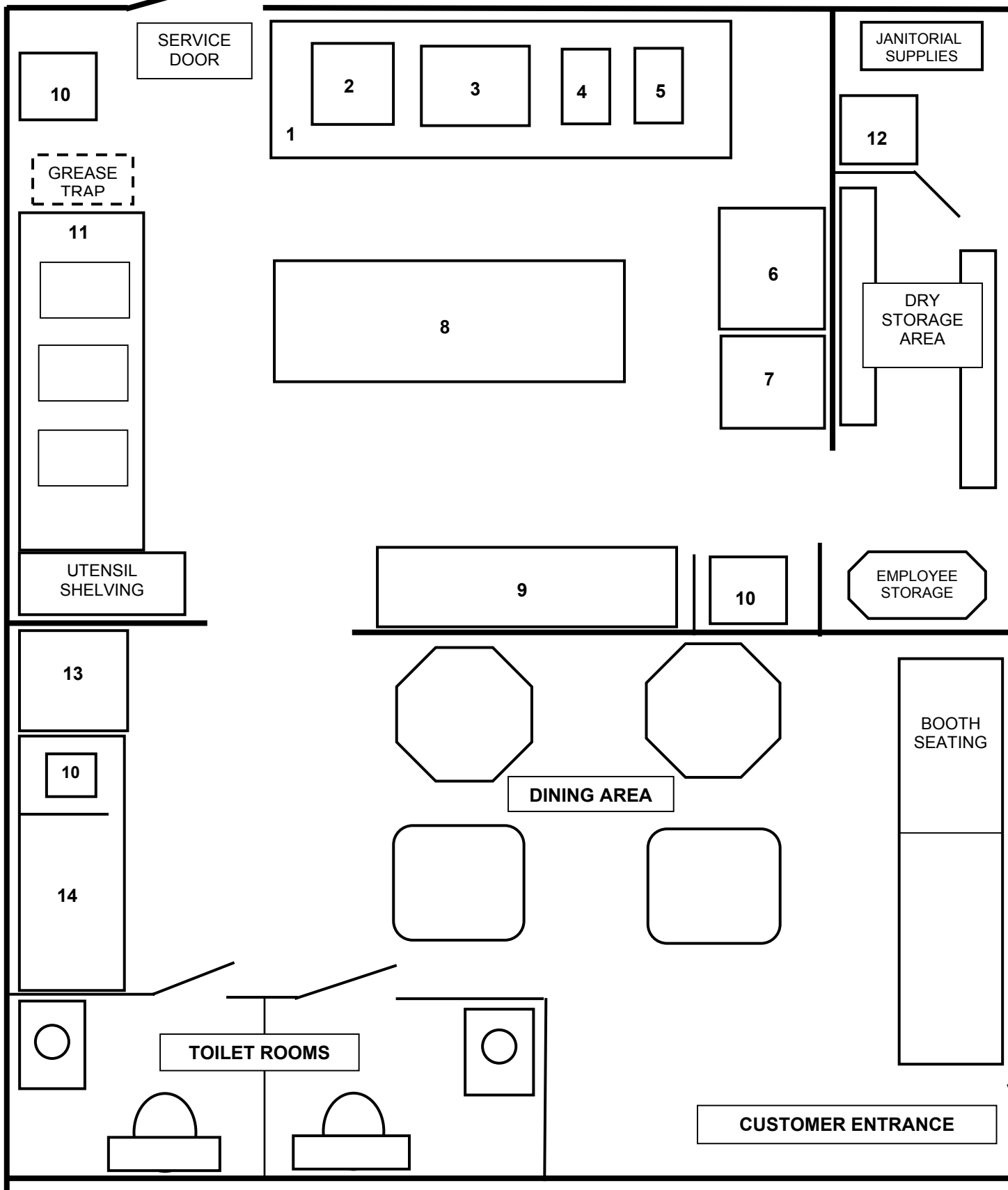
SUBMITTED BY:

ITEM NO.	ITEM DESCRIPTION	MANUFACTURER	MODEL NO.
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(PLEASE USE ADDITIONAL SHEETS, IF NECESSARY, TO CONTINUE EQUIPMENT SCHEDULE)

SAMPLE

FOOD ESTABLISHMENT FLOOR PLAN

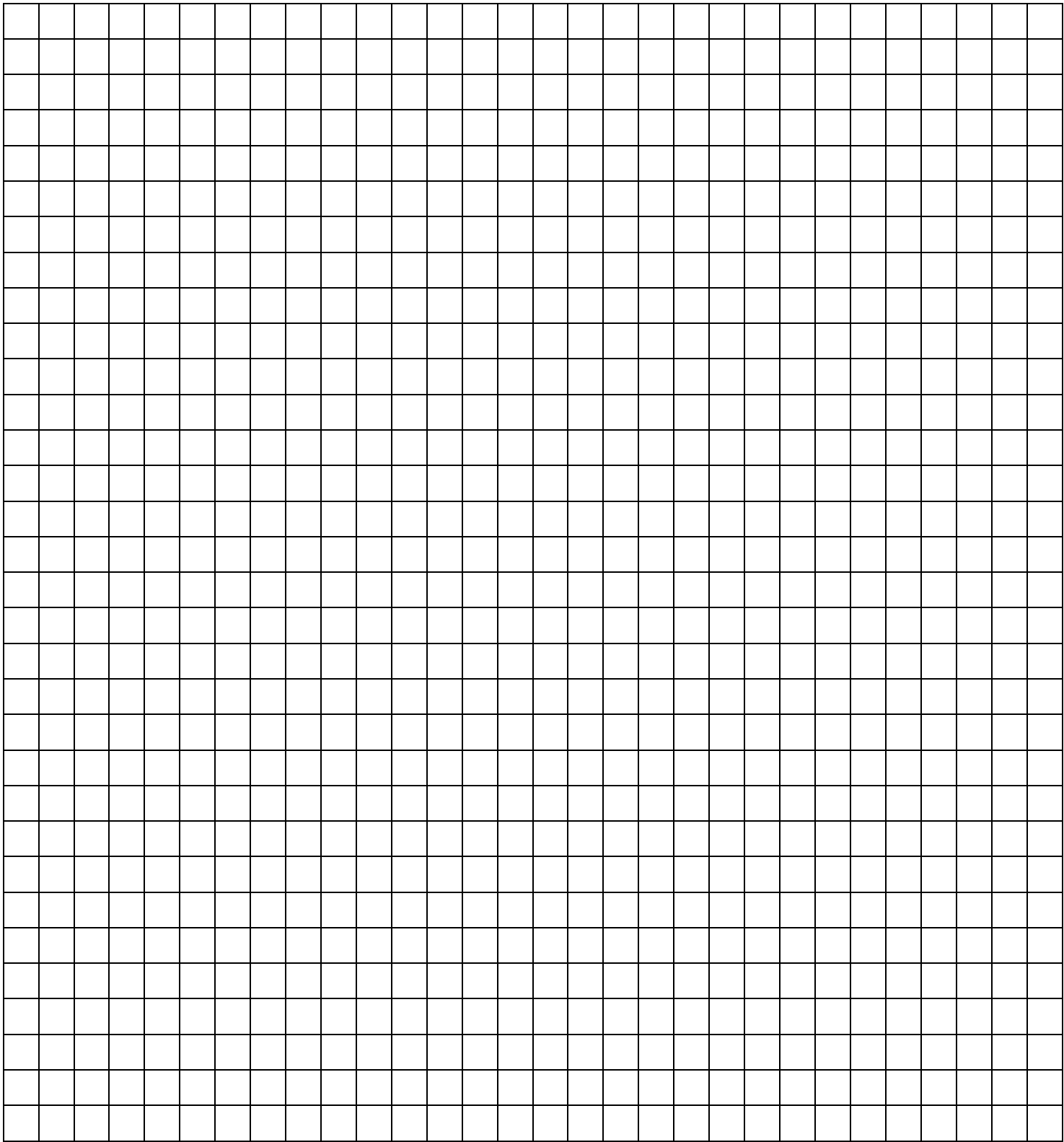


FOOD ESTABLISHMENT FLOOR PLAN & EQUIPMENT LAYOUT

Scale 1/4" = 1 foot
(If other scale, specify: _____)

THIS PAGE IS A SAMPLE ONLY

NAME OF FOOD EST. _____ Submitted by: _____



FOOD ESTABLISHMENT FLOOR PLAN & EQUIPMENT LAYOUT

Scale $\frac{1}{4}$ " = 1 foot
(If other scale, notify: _____)

NAME OF FOOD EST. _____ Submitted by: _____